

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Infant of J. Walter Brewington

CERTIFICATE OF DEATH

Died at Town Salisbury	County or Wicomico	MARYLAND		
Date of death 1906	Month Nov.	Day 30	Years 0	Months 0
Sex Female	Color or Race White	Birth-place Salisbury Md.		
Occupation W	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name J. Walter Brewington	Father's Birthplace Md			
Mother's Maiden Name Alice F. Hardy	Mother's Birthplace Md			
Name of person giving Information F. M. Stevens	How related to deceased	Not related		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Still born** How long

Immediate **Still born** How long

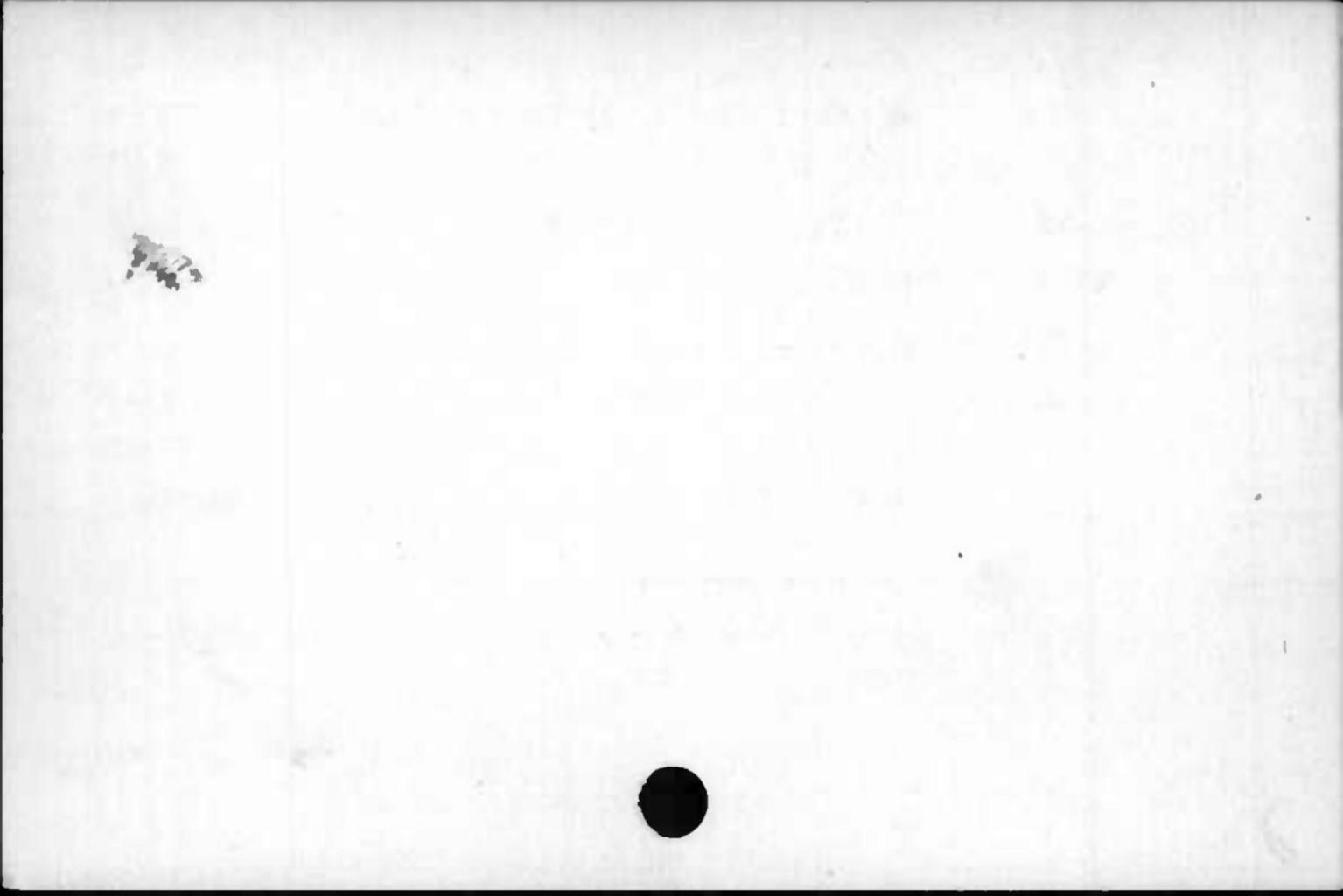
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. M. Stevens
Salisbury
Md.

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

William H. Brittingham

Town

Salisbury

County

Wicomico

MARYLAND

Died at

Date
of death

1906

Month

Nov.

Day

9th

Years

30

Months

1

Days

5

Age

Sex

Male

Color or
Race

White

Birth-
place

Worcester Co. Md.

Occupation

Ironer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mollie M. Brittingham

Father's
Birthplace

Worcester Co. Md.

Father's
Name

William H. Brittingham

Mother's
Maiden Name

Annie E. Mills

Mother's
Birthplace

" " "

Name of person giving
Information

Gordy H. Brittingham

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Tuberculosis of lungs.

How long

2013 years

Immediate

General emaciation & shortness

How long

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

yes

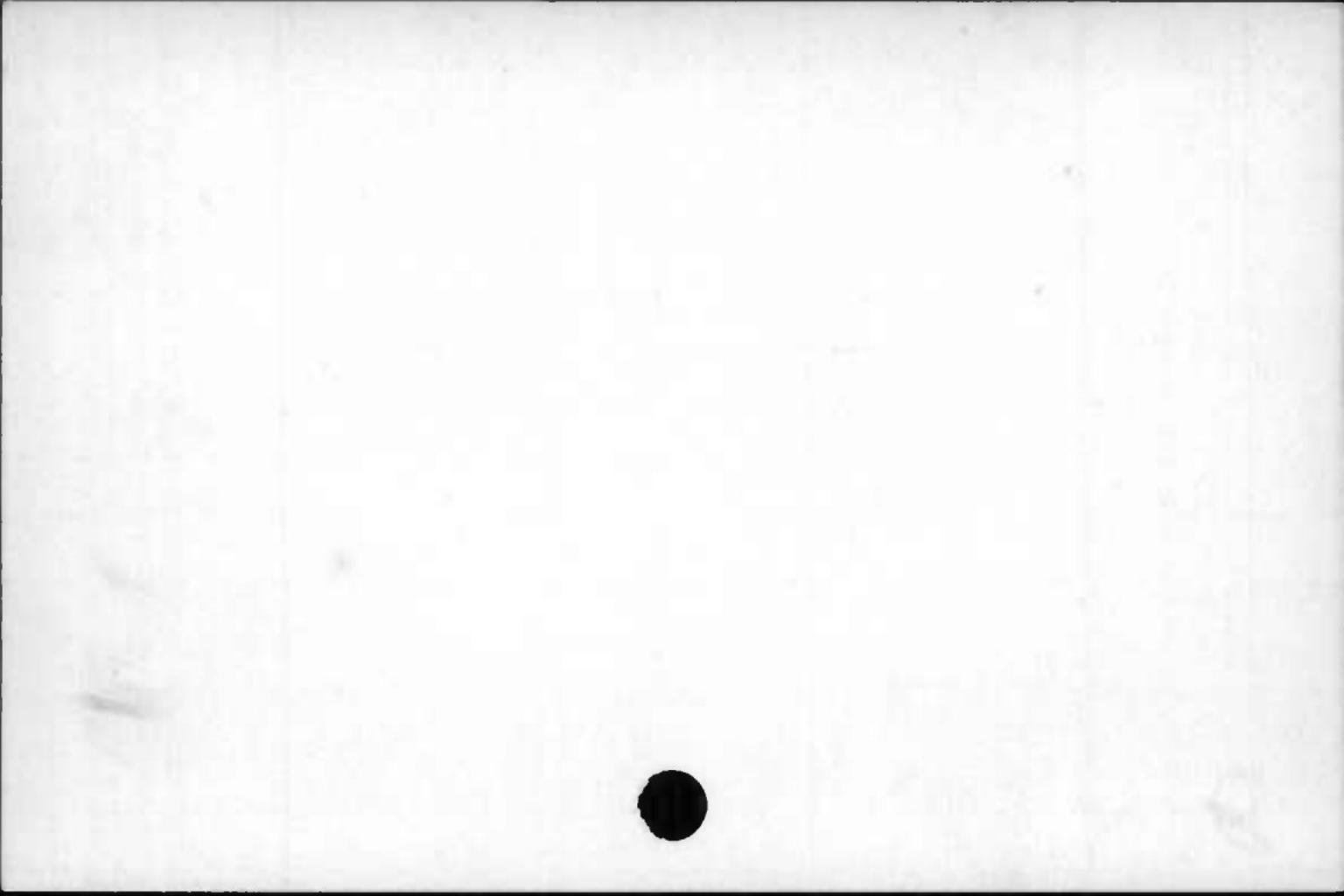
Signature of
Physician

Louis W. Remond, M.D.

Address

Salisbury, Md.

Accident or Suicide?



Name
In
Full

Byard Brown
Died at Year Sharpstown Nicomies

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Month	Day	Years	MARYLAND
Date of death	1906	Nov	22	Age 85- Months Days
Sex	Male	Color or Race	Black	Birth-place
Occupation	Farmer	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Not Known	Father's Birthplace	Nicomies Co	
Mother's Maiden Name	" - "	Mother's Birthplace	Nicomies Co	
Name of person giving information	Noah Brown	How related to deceased	Son.	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

General debility

How long

Immediate

old age.

How long

Are the name, age, sex, color, date and place correctly given above?

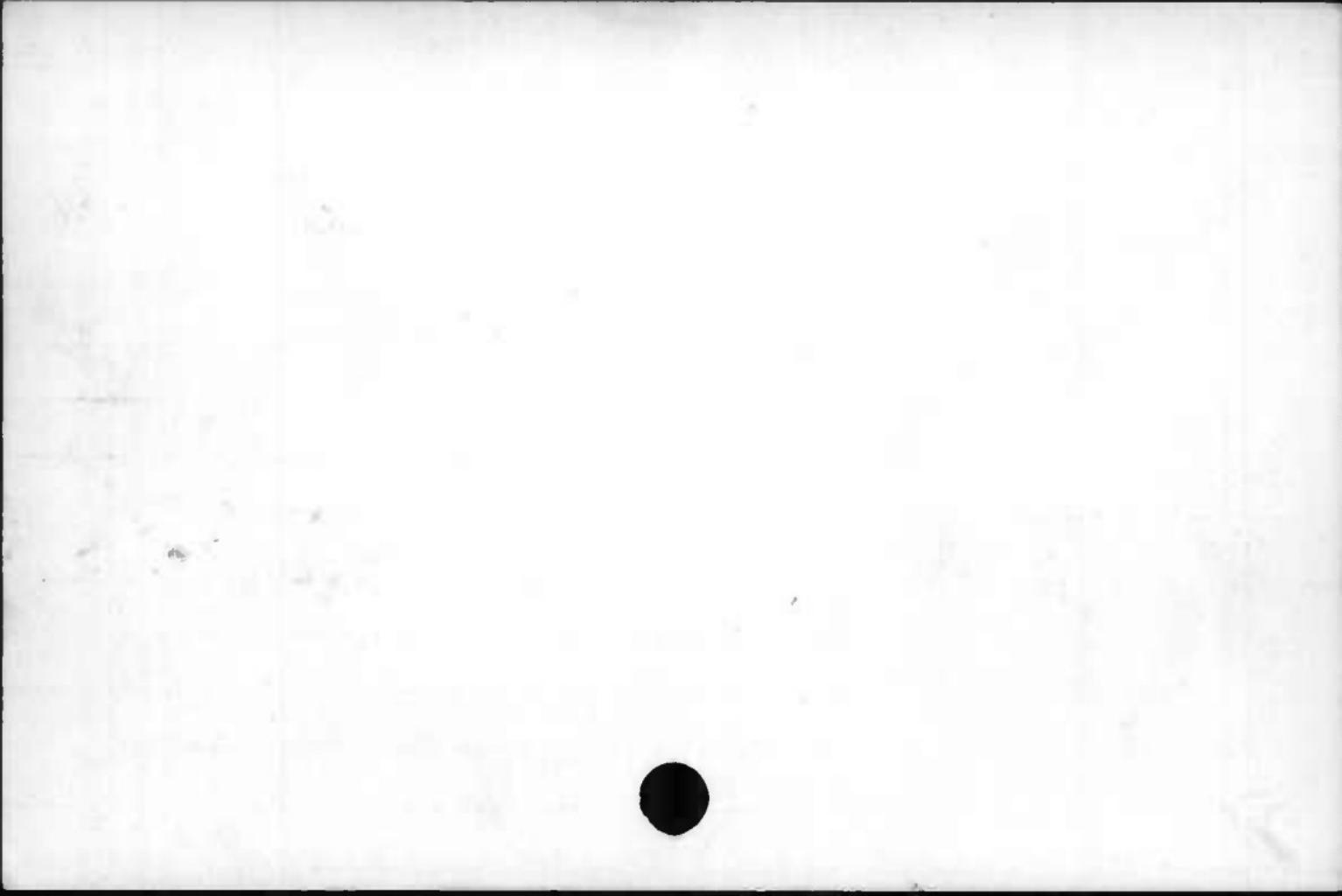
Signature of Physician

No doctor in attend

Address

W.D. Gravemor

Accident or Suicide?



Name
In
Full

Daniel D Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		County <u>Micconico</u>		MARYLAND	
Date of death <u>1906 Nov</u>	Month <u>Nov</u>	Day <u>12</u>	Age <u>77</u>	Years <u>77</u>	Months <u>0</u> Days <u>0</u>
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Millie Davis</u>				
Father's Name <u>Manuel Davis</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Millie Leonard</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Millie Davis</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Albminuria

(10)

How long

6 months

Immediate

Asthma

How long

a few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

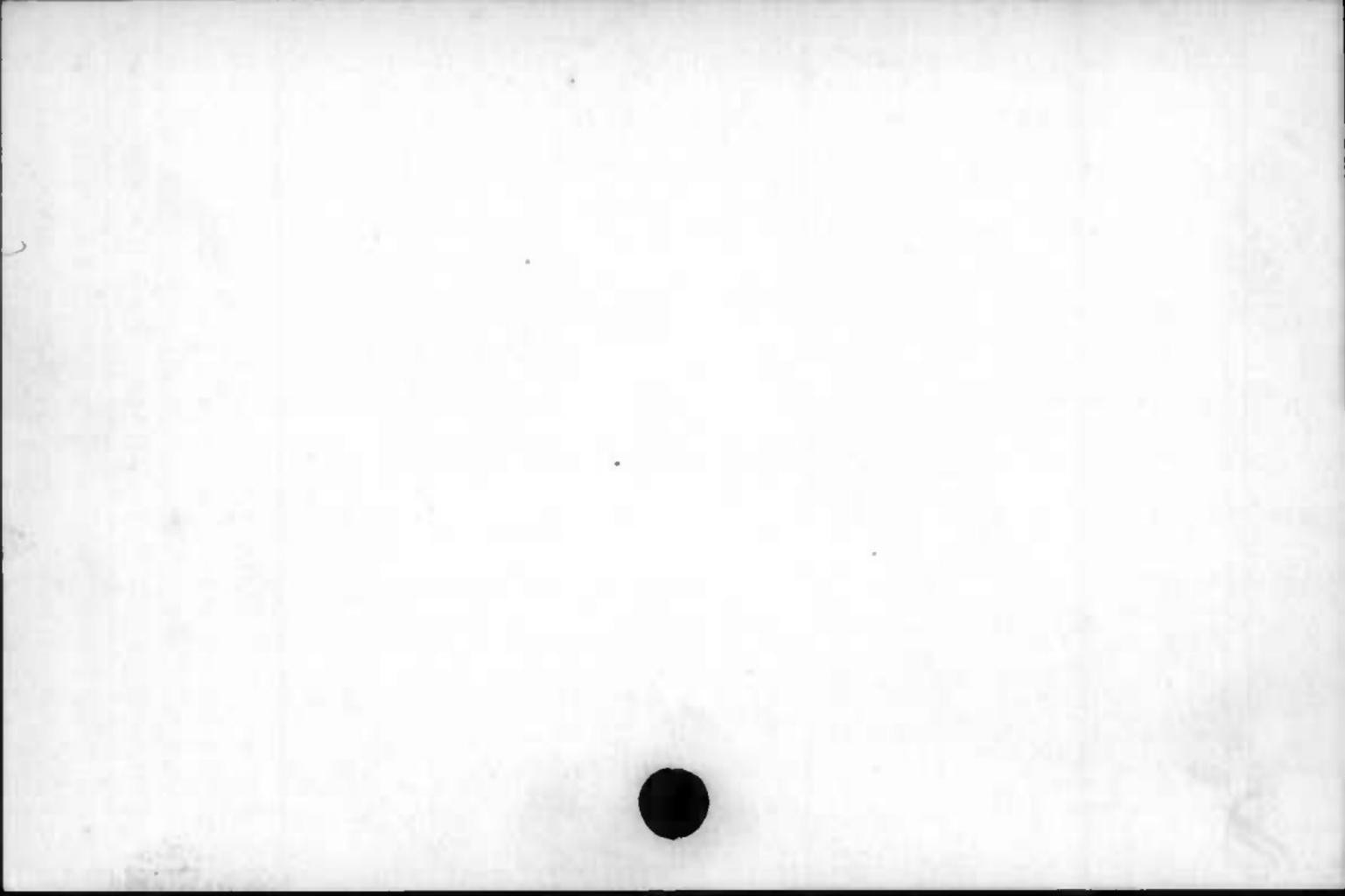
Signature of Physician

Address

Dr. Thompson
Salisbury,

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Esther A. Dunn

CERTIFICATE OF DEATH

Died at Bivalve Town

County Wicomico

MARYLAND

Date of death 1906 Month 11 Day 25

Years 56 Months Days

Sex Female Color or Race white

Birth-place Delaware

Occupation housekeeper Where Residing if not at place of death

Maryland

Married, Single or Widowed Married

Name of wife or Husband Perry Dunn

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Perry Dunn

How related to deceased

Primary

I attended Mrs Dunn Aug. 1906 for malarial fever

How long

Immediate Don't Know

How long

Don't Know

Are the name, age, sex, color, date and place correctly given above?

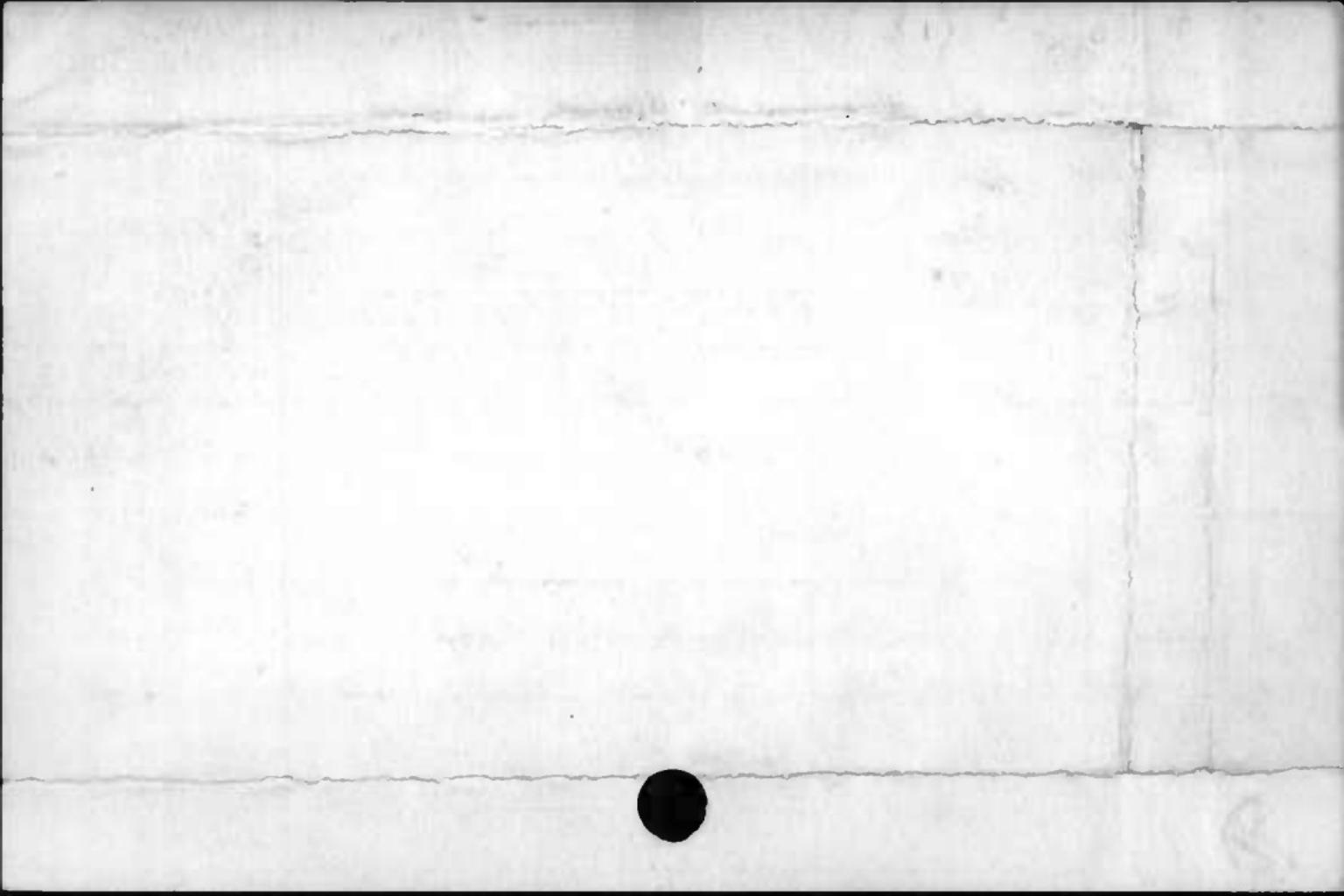
yes

Signature of Physician

Address

Josephus A. Wright
Sharftown Md.

Accident or Suicide?



Name
in
Full

Levin Randy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace			Don't know	
Mother's Maiden Name	Mother's Birthplace			Don't know	
Name of person giving information	How related to deceased			None	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Drunk

172

How long

few minutes

Immediate

Suffocation

How long

Instantaneous

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

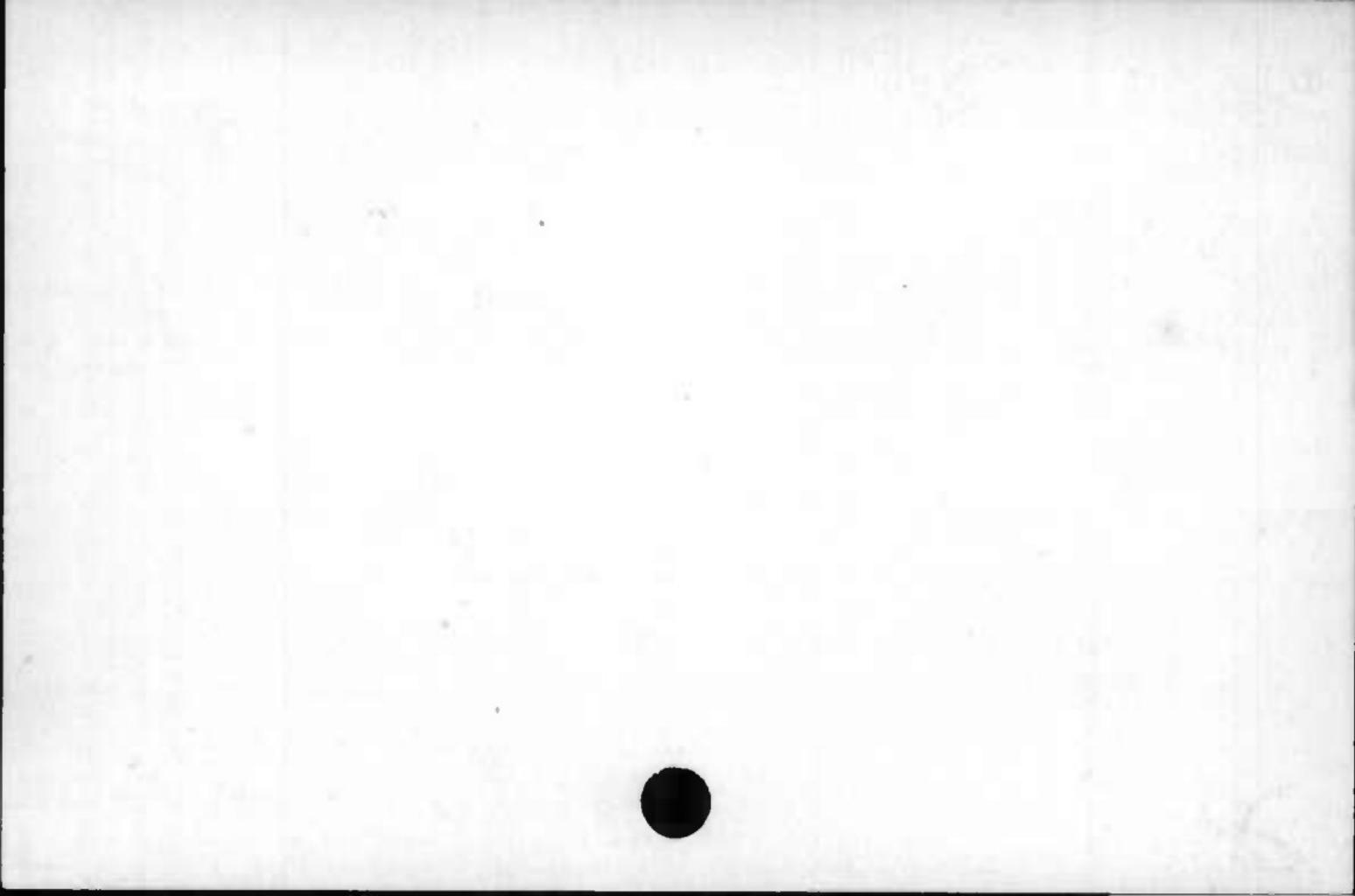
Address

I know -

J. W. Peeler
Salisbury Md

Accident or Suicide?

Suffocated accident



Name
In
Full

Levina Kandy

S.I. #1

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Baltimore</u>	County <u>Maryland</u>	MARYLAND		
Date of death 190	Month <u>6</u>	Day <u>11</u>	Years <u>30</u>	Months <u>5</u>	Days
Sex <u>Female</u>	Color or Race <u>Poland</u>	Birth- place <u>Jurkin</u>			
Occupation	Where Residing if not at place of death <u>Jurkin</u>				
Married, Single or Widowed <u>Married</u>	Name of Husband <u>Levius Kandy</u>	Father's Name <u>John Kandy</u>	Father's Birthplace <u>Wilmington</u>		
Mother's Maiden Name <u>Eliza Punright</u>			Mother's Birthplace <u>Jurkin</u>		
Name of person giving Information <u>Levius Kandy</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

(176)

How long
2 weeks

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

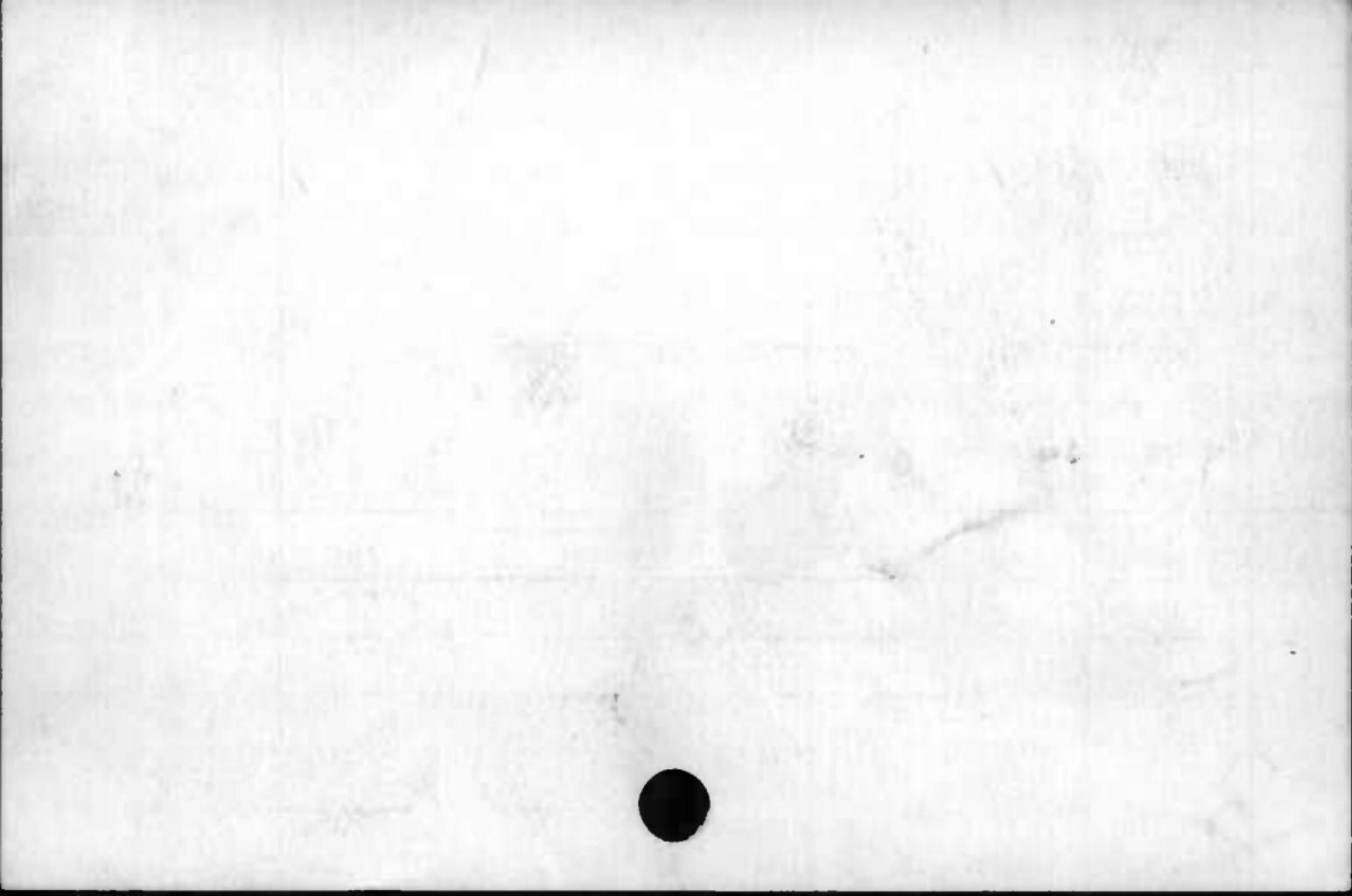
Signature of
Physician

Address

Adst, Lankford
White Haven

8

Accident or Suicide?



Name
in
Full

George W. Remmings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Bivalve	Hanover	
Date of death	Month	Day	Years
1906	11	2	Age
Sex	Color or Race	Where Residing if not at place of death	Birthplace
Male	white	Virginia, Kansas	Maryland
Occupation			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	"
Married	John Remmings		
Mother's Maiden Name	Sarah Jackson	Mother's Birthplace	"
Name of person giving information	Mrs Jane Remmings	How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

179

How long

10 months

Immediate

How long

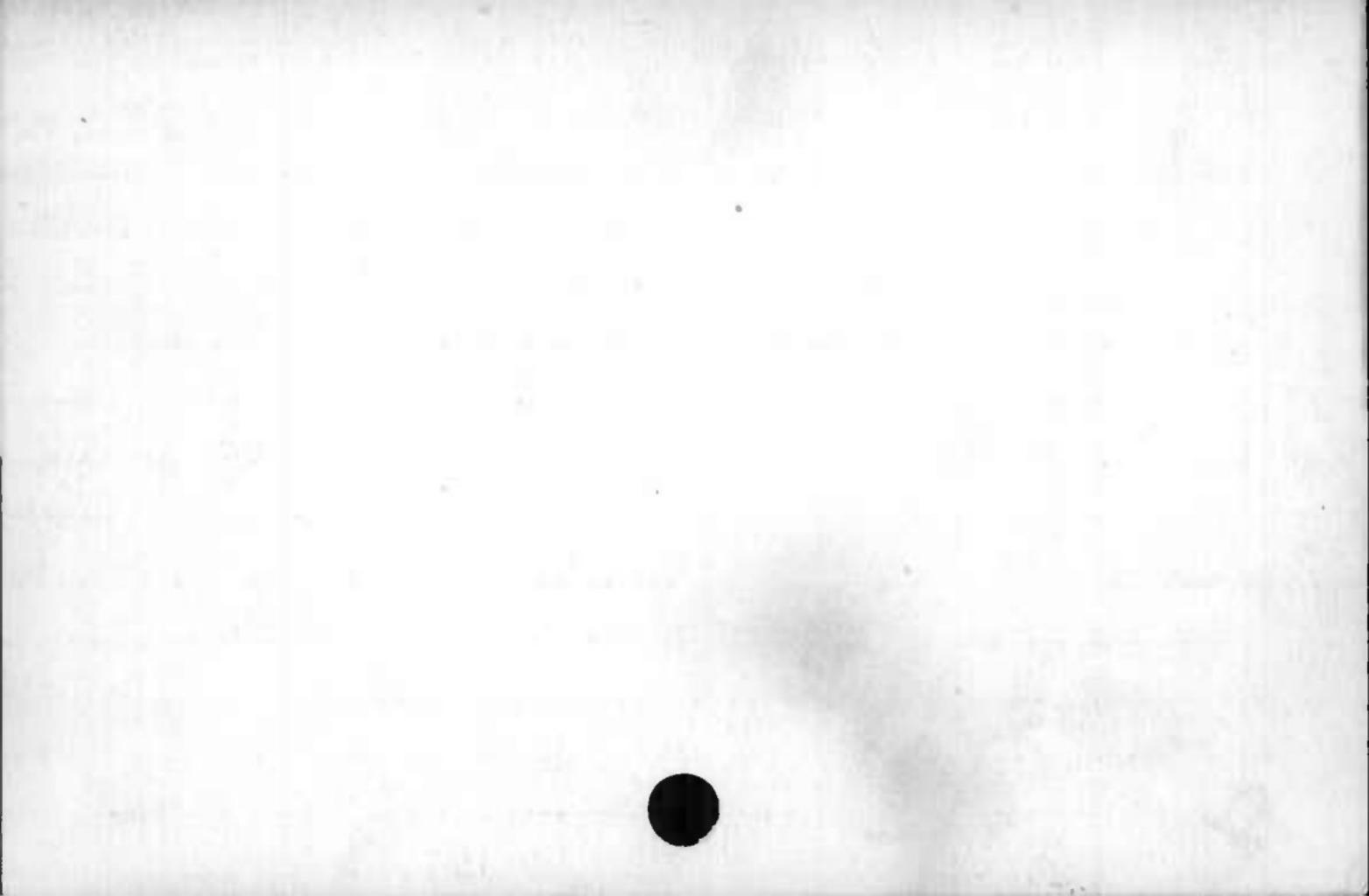
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. G. Larkford

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i>		Town	Died in <i>Washington</i>		County	CERTIFICATE OF DEATH	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>18</i>	Age <i>18</i>	Years <i>18</i>	Months <i>3</i>	Days <i>18</i>	MARYLAND
Sex <i>Male</i>	Color or Race <i>colored</i>			Birth-place <i>Concord</i>			<i>Concord</i>
Occupation <i>Mariner</i>			Where Residing if not at place of death <i>Ind.</i>				<i>Ind.</i>
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>			Father's Birthplace <i>Ind.</i>			<i>Ind.</i>
Father's Name <i>Edward H. Bull</i>			Mother's Birthplace <i>Ind.</i>				<i>Ind.</i>
Mother's Maiden Name <i>Elijah Bull</i>			How related to deceased <i>Brother</i>				<i>Brother</i>
Name of person giving information <i>Edward Bull</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Spinal trouble

63

How long

one year

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

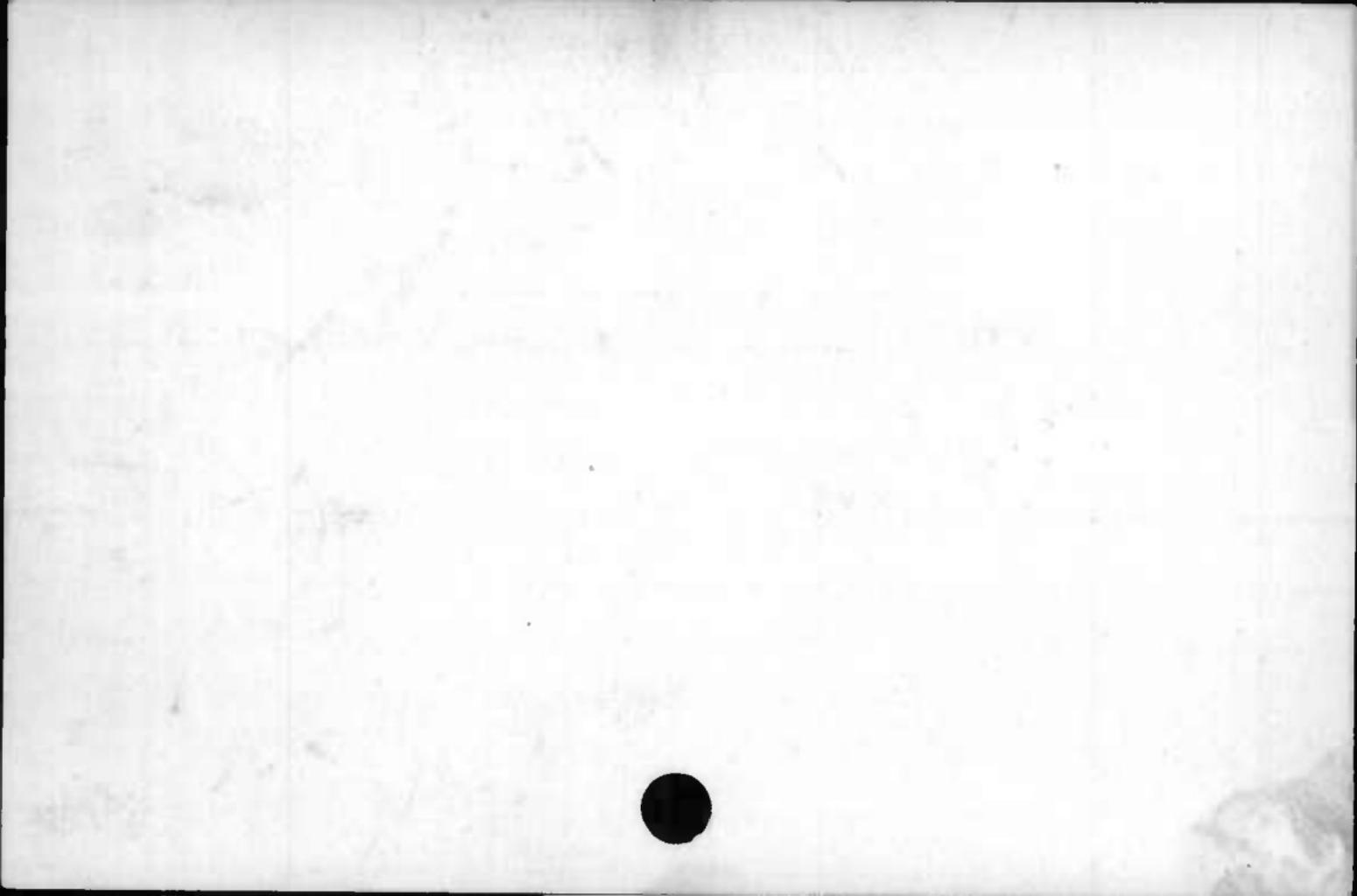
Signature of Physician

Address

*J. H. Odum
Painting R.*

J.

Accident or Suicide?



Name
in
Full

John R Jester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Salisbury	Mont.	Day	Years	Months	Days
Date of death 1906 Nov	1	Age 9	9	3	11
Sex male	Color or Race White	Birth-place Del			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George W Jester				
Mother's Maiden Name	Elizabeth Atkins				
Name of person giving Information	George W Jester				
CAUSES OF DEATH					

Primary

Scarlet Fever

How long

Don't know

Immediate

Heart Disease

How long

Don't know

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

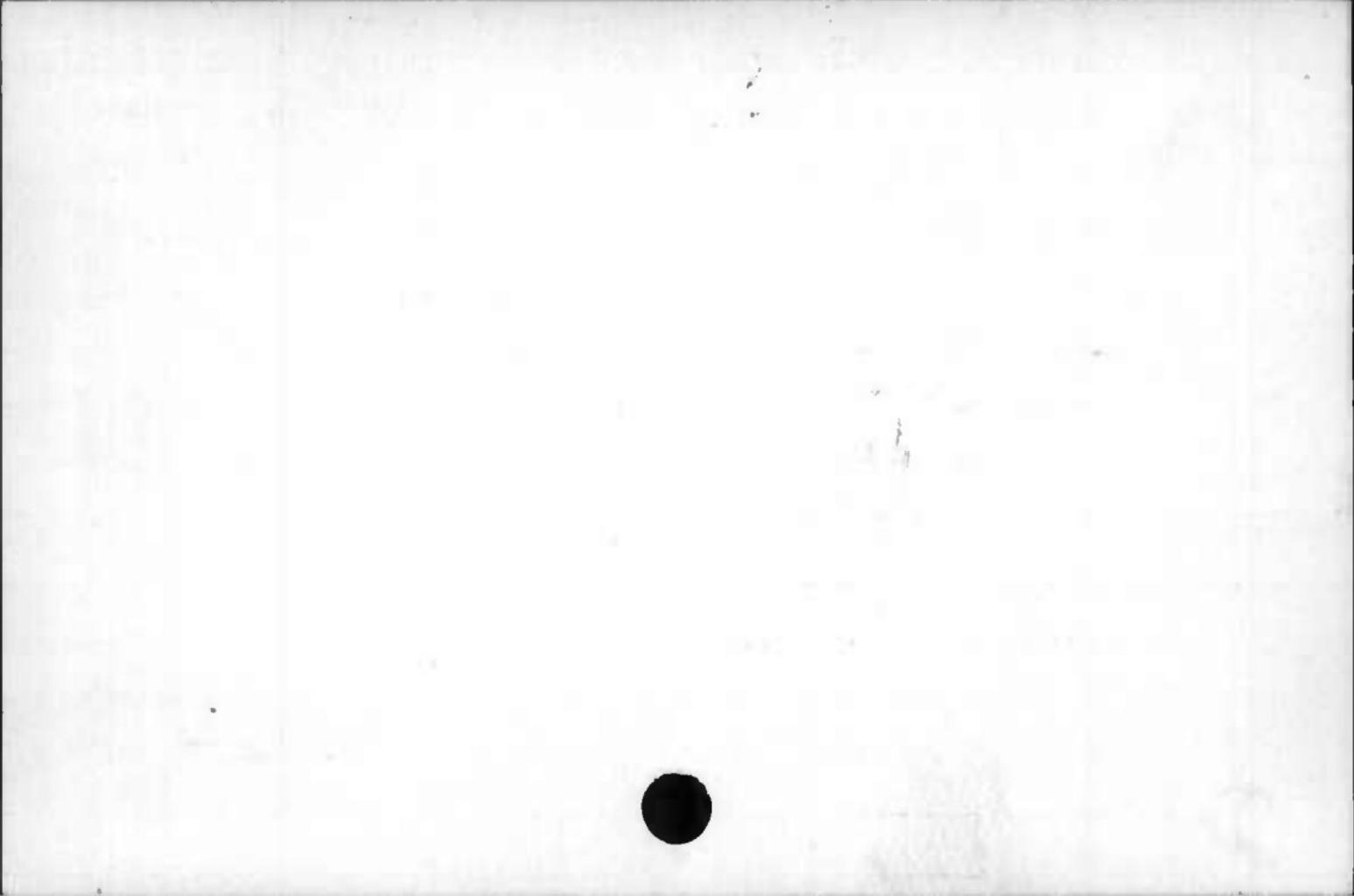
Yes

Signature of Physician

Address

Gen. H. Todd
Salisbury Md

Accident or Suicide?



Name
in
Full

Infant of James H. Jones

CERTIFICATE OF DEATH

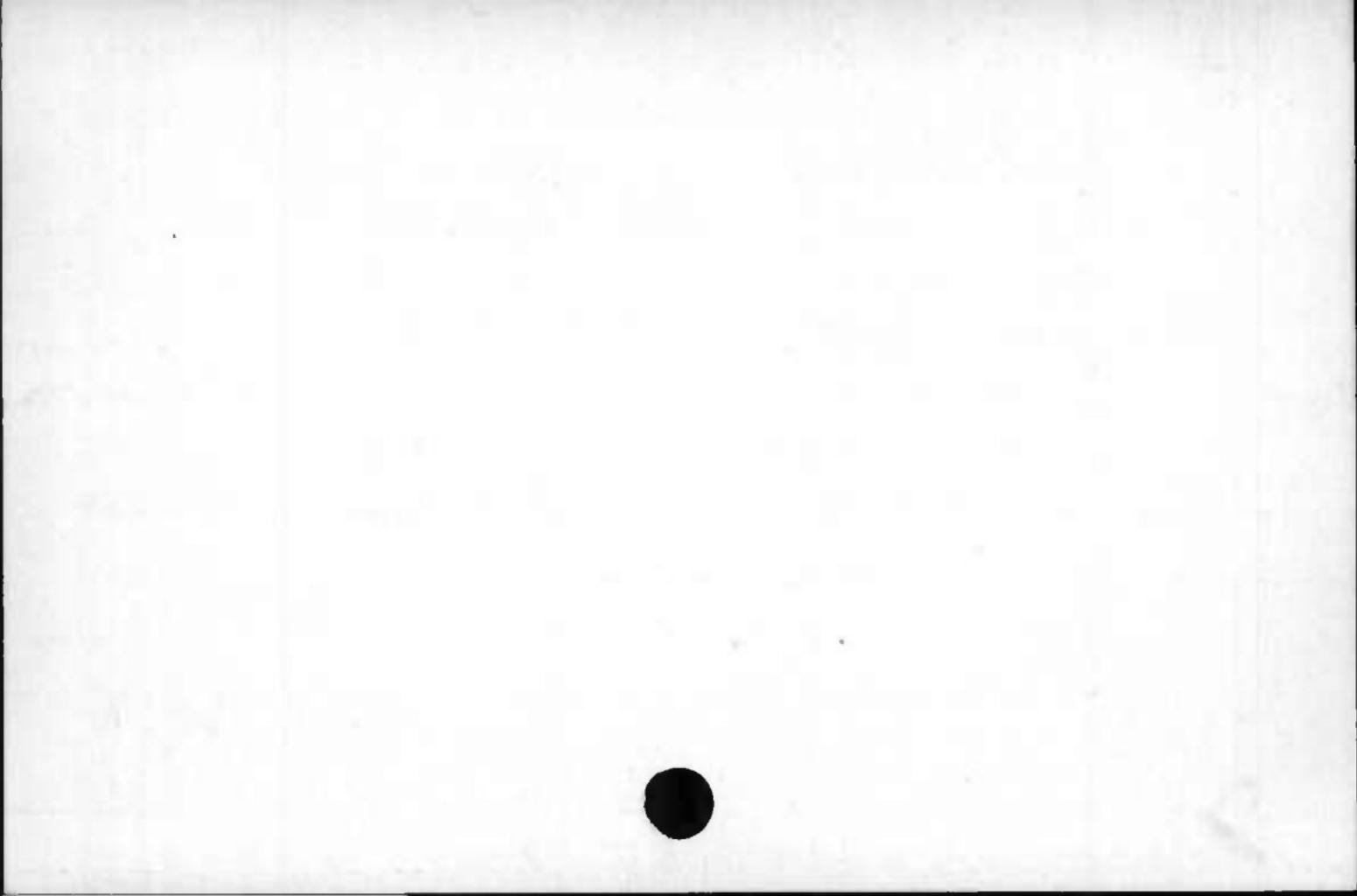
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James H. Jones		Father's Birthplace	Philadelphia Pa.	
Mother's Maiden Name	Eunice Goslee		Mother's Birthplace	Quantico Md.	
Name of person giving information	How related to deceased				
James H. Jones					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rupture of Umbilical cord	How long	south
Immediate	Exhaustion from loss of blood	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. W. Todd
		Address	Salisbury Md
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

W. Kennedy				CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
of death 1906	Nov.	11	50			
Sex	Male	Color or Race	White	Birth-place		
Occupation	Tram	Where Residing If not at place of death			not known	
Married, Single or Widowed	I dont know	Name of Wife or Husband				
Father's Name	I dont know	Father's Birthplace			not known	
Mother's Maiden Name	Not known	Mother's Birthplace			"	
Name of person giving Information	Miss Alice Matron P.S. Hospital	How related deceased			None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Don't know

93

How long

Don't know

Immediate

Pneumonia

How long

Don't know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

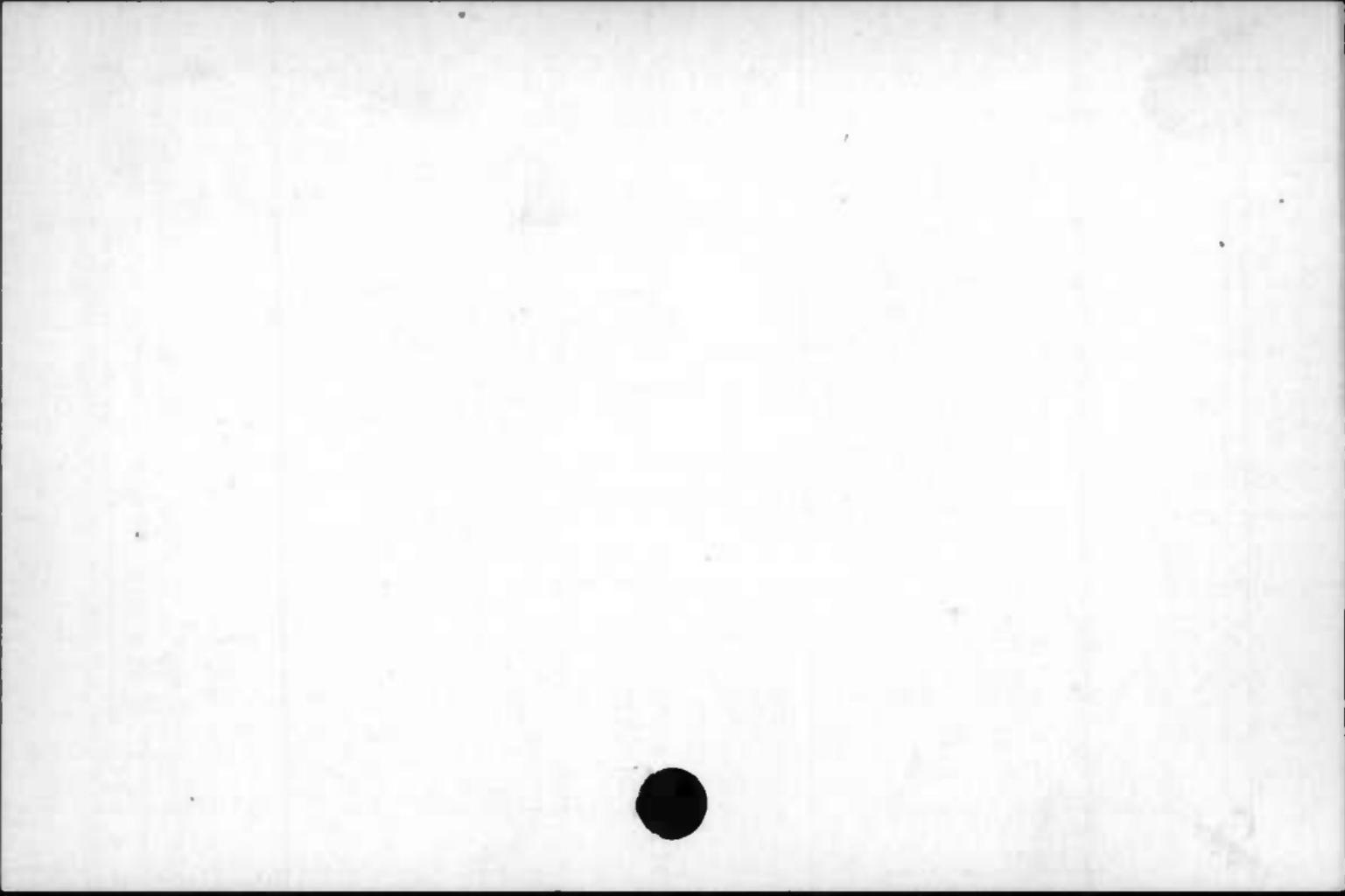
Address

Dr. W. Lord

Salisbury Md



Accident or Suicide?



Name
in
Full

Warren Lewis

CERTIFICATE OF DEATH

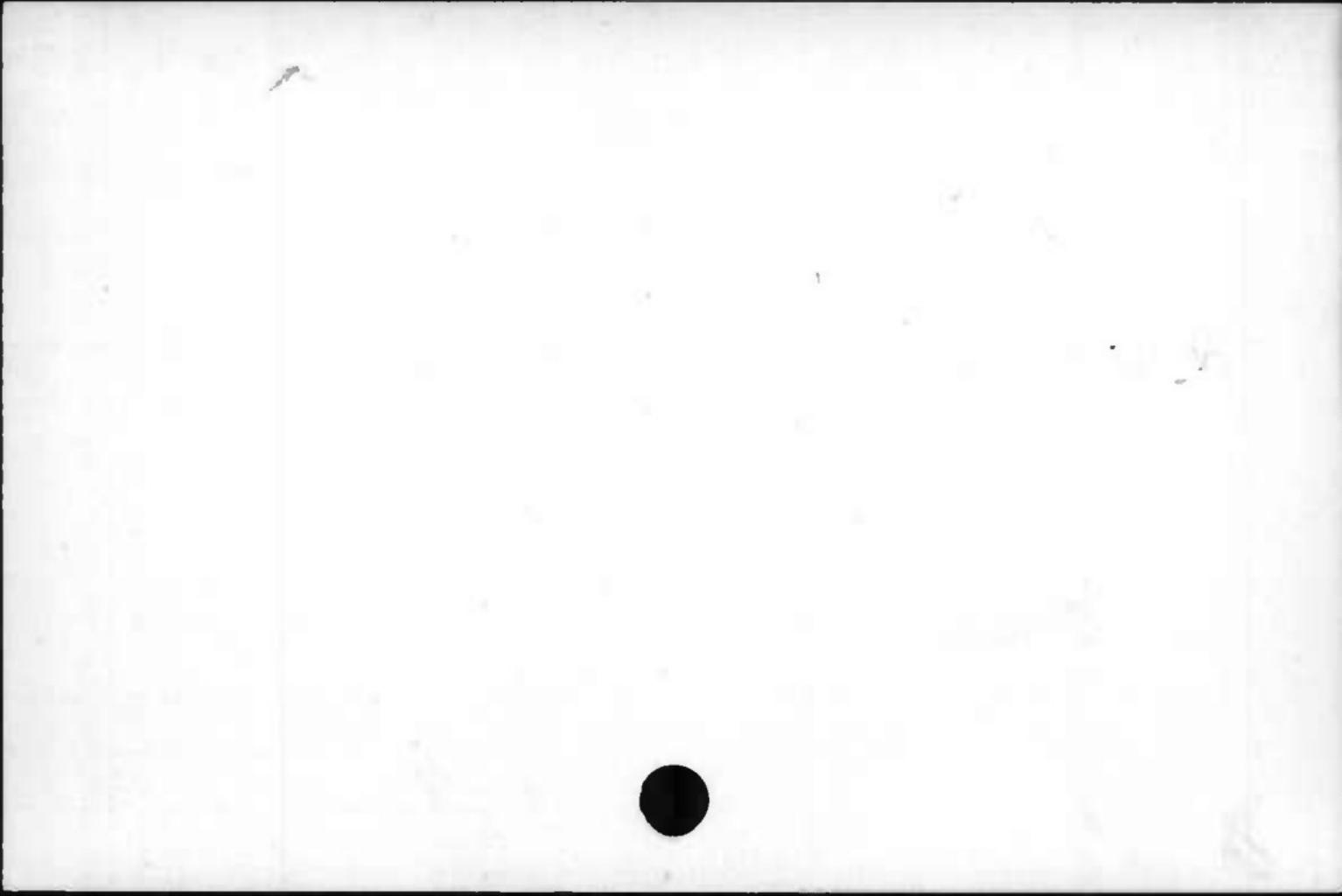
TO BE ANSWERED BY
NEAREST FRIEND

Died at	town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Eliza Lewis				
Mother's Maiden Name	"	Mother's Birthplace			
Name of person giving information	Eliza Lewis	How related to deceased	wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralytic	66	How long	6 mos.	
Immediate	Sepia	66	How long	3 days	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Gossaufer		
		Address	Shaylawn - Md		
8	Accident or Suicide?		LIBRARY BUREAU ADDRESS		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Name <u>Kona Nutter</u>					CERTIFICATE OF DEATH		
Died at <u>Kautika</u>	Town	County <u>Maryland</u>			MARYLAND		
Date of death <u>1906</u>	Month <u>11</u>	Day <u>10</u>	Age	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>colored</u>				Birth-place <u>Maryland</u>		
Occupation <u>Housekeeper</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Chester Nutter</u>						
Father's Name <u>Arnold Wallace</u>	Father's Birthplace <u>d</u>						
Mother's Maiden Name <u>Elijah Wallace</u>	Mother's Birthplace <u>"</u>						
Name of person giving Information <u>Chester Nutter</u>	How related to deceased <u>Husband</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

(2)

How long

4 years

Immediate

"

(2)

How long

Are the name, age, sex, color, date and place correctly given above?

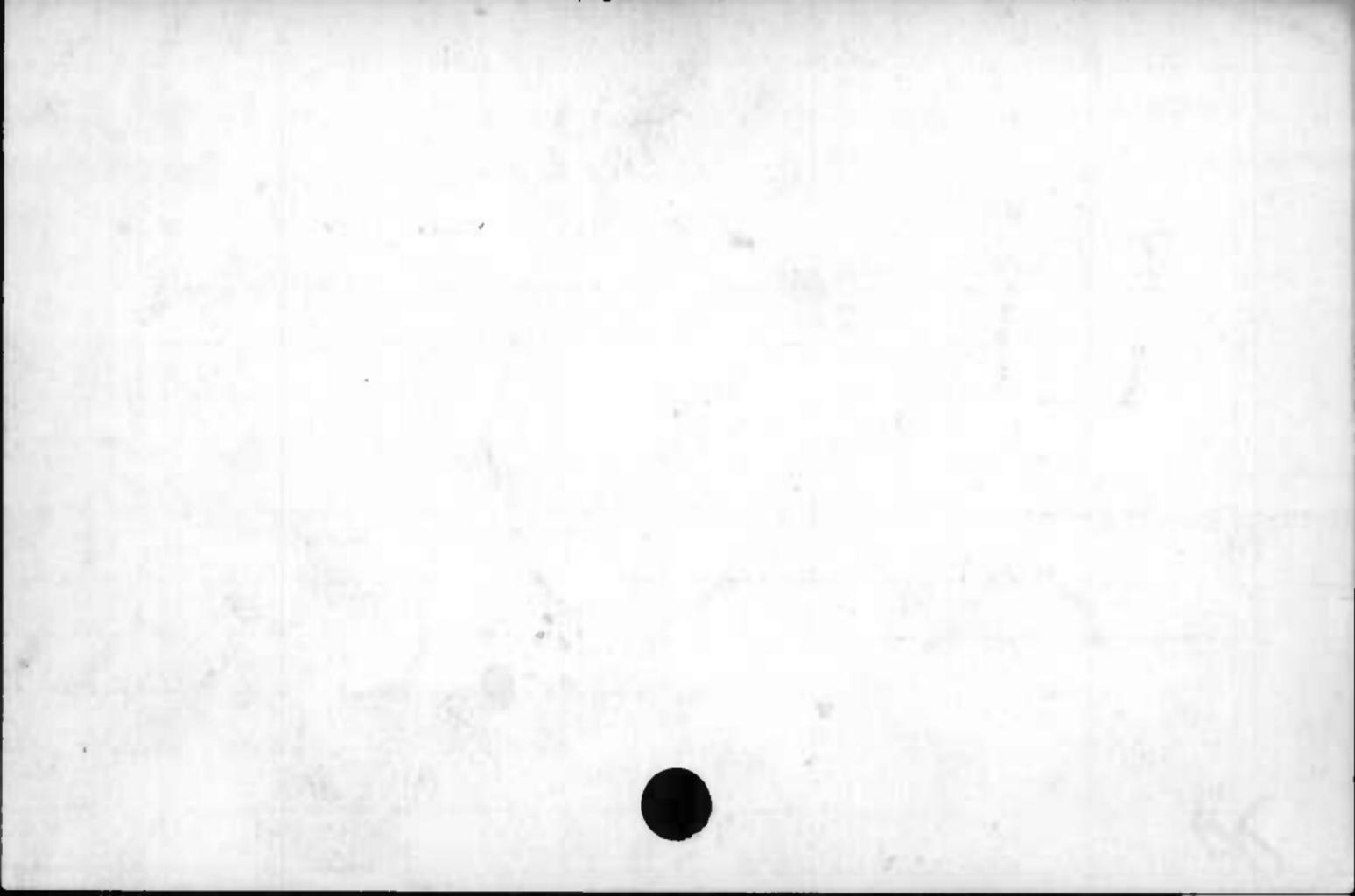
Yes
Colored

Signature of Physician

Address

Dr J H O'Day
Georgetown Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alonzo B. Oliver

11/22/11

CERTIFICATE OF DEATH

Died at Salisbury Town

County

MARYLAND

Date

of death

1906

Month

Nov.

th Day

12-6 A.M.

Years

20

Age

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Royal Oak Talbot Co Md.

Occupation

Oysterman

Where Residing If not
at place of death

Near Royal Oak Md.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Henry Oliver

Father's
Birthplace

Royal Oak Md.

Mother's
Maiden Name

Sarah E. Oliver

Mother's
Birthplace

" " "

Name of person giving
Information

Murray Williams

How related
to deceased

Grand Father

Shut by me of his immediate

CAUSES OF DEATH

Primary

Gunsht -

(176)

How long

About one month

Immediate

Septicaemia

How long

few days

Are the name, age, sex, color, date
and place correctly given above?

Yes?

Signature of
Physician

Address

Geo W. Todd
Salisbury Md

8
Accident or Suicide?

Homicide



Name
In
Full

Sarah P. Parker

CERTIFICATE OF DEATH

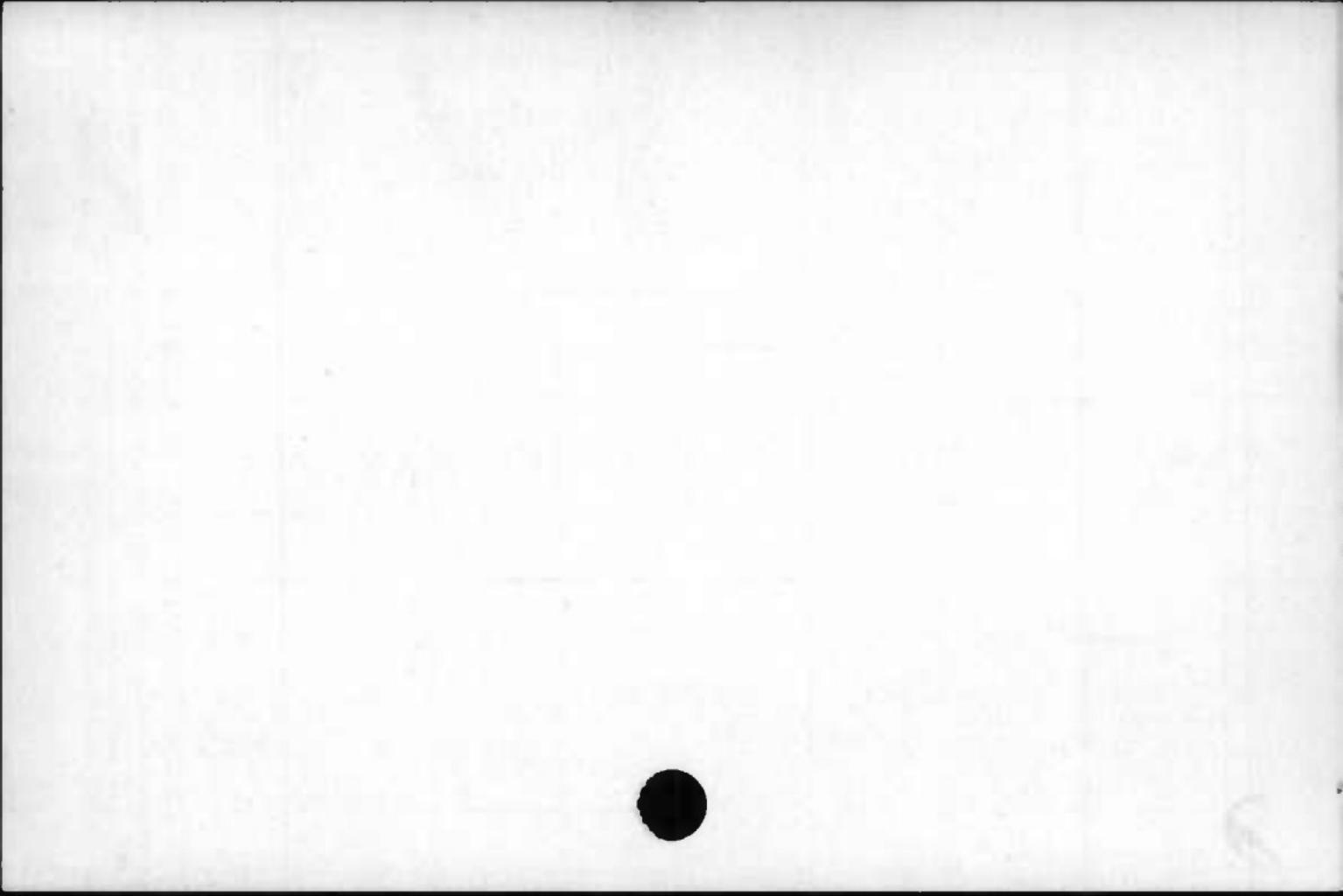
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Salisbury	Wicomico			
Date of death	Month	Day	Years	Months	Days
1906	Nov.	5 th	Age 82		
Sex	Female	Color or Race	colored		
Occupation	Houskeeper	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Henry W. Parker		
Father's Name	John Leathersbury	Father's Birthplace			Mantico Md.
Mother's Maiden Name	Iris J. Leathersbury	Mother's Birthplace			" "
Name of person giving information	John H. Parker	How related to deceased			Son

CAUSES OF DEATH

Primary	Emphysema	(6)	How long	2 or 3 weeks
Immediate	Insantine & Heart failure	(6)	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	Address	J. M. Stevens M.D. Salisbury Md.
Accident or Suicide?				



Name
in
Full

Pauline Pussey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Fruitland

Town

County

Date of death 1906 Nov.

Month

Day

Years

Months

Days

Age 3

Sex

Female

Color or Race

White

Birth-place

Hicomico Co Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Single

Father's Name

Lee Pussey

Father's Birthplace

Somerset Co

Mother's Maiden Name

Elly Smith

Mother's Birthplace

Hicomico Co

Name of person giving information

Lewis Bounds

How related to deceased

Nose

CAUSES OF DEATH

Primary

Cerebral trouble

How long

(60)

Immediate

obscure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

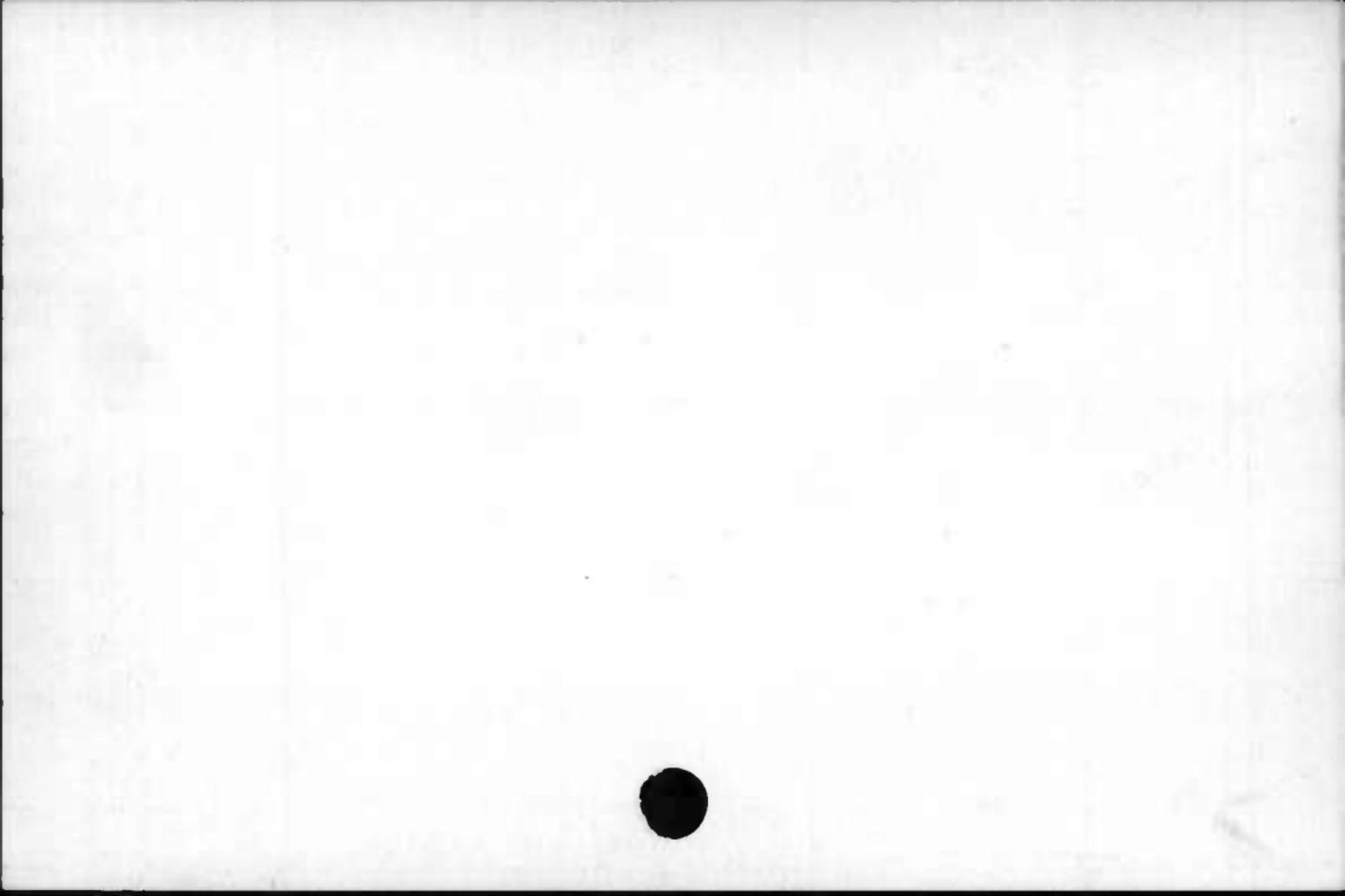
Signature of Physician

Address

J. J. Long
Allard
MD

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Lewis C. Ross.

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

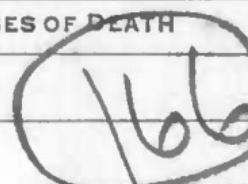
Died at <u>Salisbury</u>		County <u>Wicomico</u>		
Date of death <u>1906 Nov 25</u>	Month <u>Nov</u>	Day <u>25</u>	Years <u>51</u>	Age <u>51</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>		
Occupation <u>Labor</u>	Where Residing if not at place of death <u>near Pocomokee</u>			
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband			
Father's Name <u>Lewis Ross</u>	Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Elizabeth Windsor</u>	Mother's Birthplace <u>Ind</u>			
Name of person giving Information <u>J.W. Bloodsworth.</u>	How related to deceased <u>No Relation</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Crushed by tree



How long

8 mks

Immediate

Axio

How long

4 mks

Are the name, age, sex, color, date and place correctly given above?

Yes

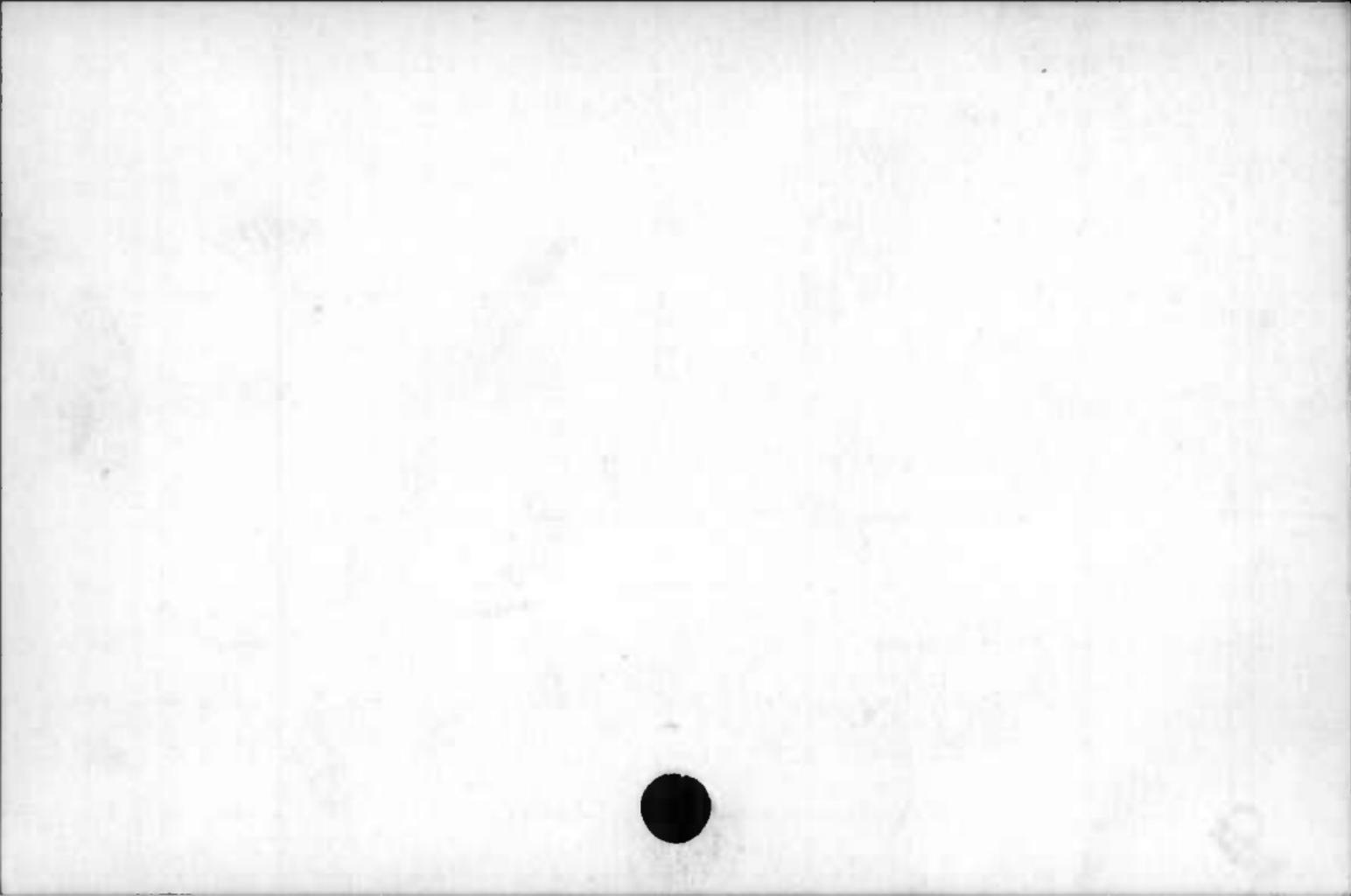
Signature of Physician

Address

John W. Ross Sept
on Elm St.
Salisbury, Md.



Accident Suicide?



Name
in
Full

Charlotte Timmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Salisbury	Maryland				
Date of death	Month Nov	Day 3	Years 40	Months	Days	
Sex	Female	Color or Race	Black	Birth- place	Salisbury Md	
Occupation	Housework					
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death				
Father's Name	John Timmons					Father's Birthplace
Mother's Maiden Name	Grace Lindsey					Mother's Birthplace
Name of person giving Information	Grace Lindsey 91					How related to deceased
CAUSES OF DEATH						

PHYSICIAN
OR CORONER

Primary	Enlarged Liver. Bronchitis Asthma		How long	2 or 3 mos
Immediate	Heart complications		How long	a few hours -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ernest Thompson	
		Address	Salisbury 2nd	
Accident or Suicide?	No			



Name
in
Full

Thomas J. Turpin

CERTIFICATE OF DEATH

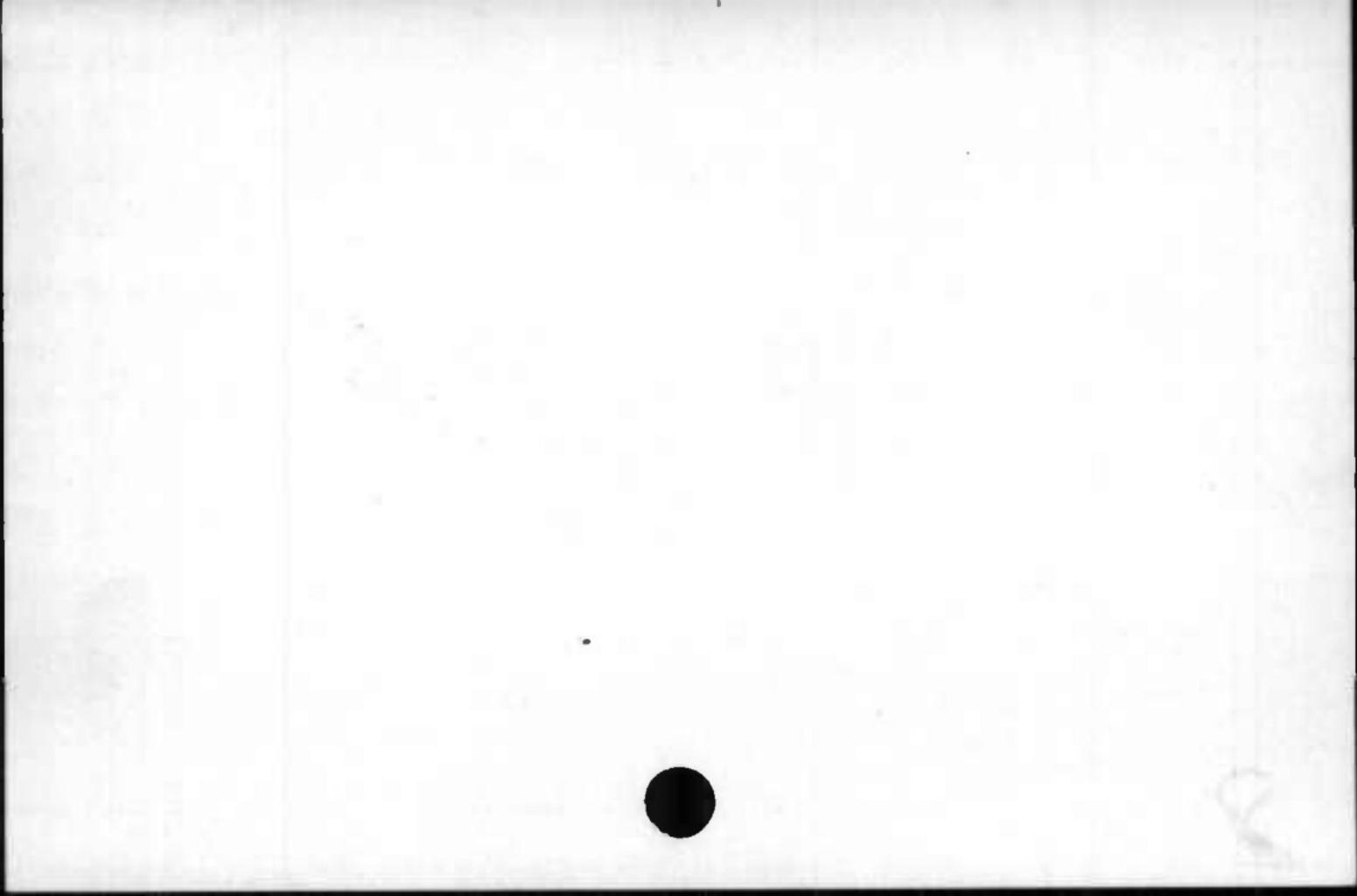
TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury	Town	County Wicomico	MARYLAND		
Date of death 1906	Month Nov.	Day 30th	Age 72	Years	Months 8
Sex Male	Color or Race White	Birth-place Somerset Co. Md.			
Occupation Judge of the Peace	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Elminda Turpin				
Father's Name John Upshur Turpin	Father's Birthplace Somerset Co. Md.				
Mother's Maiden Name Ziphora Goslee	Mother's Birthplace " " "				
Name of person giving information A. C. Turpin	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary mitral regurgitation	(19)	How long 6 years
Immediate Syncope	(19)	How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. C. A. Turpin	Address Salisbury, Md.
Accident or Suicide? No		



Name
in
Full

Viola S. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	Nov.	14 th	Age 2 Months 5 Days 15
Sex	Color or Race	Birth-place	
Female	Black	Fruitland Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single	Preston Wright	Father's Birthplace	Micomico Co. Md.
Father's Name			
Mother's Maiden Name	Biddy Wilson	Mother's Birthplace	Somerset Co. Md.
Name of person giving Information	Dulany Wright	How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suffocation	10	How long 2 weeks
Immediate	Neuropathic Disease		How long 1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John W. Keenan M.D.
you		Address	Onslow Bay New
J			
Accident or Suicide?			

